

APPLICATION REQUEST FOR LETTER OF EMPLOYMENT

1. DATE OF REQUEST: _____

2. REASONS FOR REQUEST

a. ADD / DELETE DEPENDENT (ATTACH APPROPRIATE CERTIFICATE)

b. SCHOOL REQUESTED OFFICIAL LETTER

c. DEROS EXPIRES WITHIN 30 DAYS

d. OTHER. PLEASE SPECIFY _____

3. EMPLOYEE / SPONSOR INFORMATION:

a. NAME: _____ b. SSN: _____

c. PP-SERIES-GRADE: _____ d. DEROS: _____

e. POSITION TITLE: _____

f. ORGANIZATION: _____

g. ARE YOU MARRIED? _____ h. IF YES, DATE OF MARRIAGE: _____

i. E-MAIL: _____ j. DSN TEL: _____

4. ARE YOU IN EMERGENCY ESSENTIAL POSITION? – YES NO
(IF YOU ARE EMERGENCY ESSENTIAL, YOU MUST ATTACH A COPY OF YOUR APPROVED DD FORM 2365. WITHOUT DD FORM 2365, ID CARD WITH EEC NOTATION WILL NOT BE ISSUED.)

5. DEPENDENT INFORMATION:

NAME (Last, First, Middle Initial)	RELATION	DOB

6. CPAC USE ONLY

a. Date Completed: _____

b. Additional Info required: _____